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Volunteer Voice

Carpe Diem by Deb Merrill

"Seize the Day"

What an inspirational phrase! When you hear this you can almost see someone with a twinkle in their eye and a spring in their step charging forth to conquer life. But let's face it, some days you just don't feel like "seizing" anything.

It is easy to get caught up in the routine. To just do what is necessary. I must admit that sticking with the known, doing things the same, and not rocking the boat is the path I sometimes take.

I have an 89 year old aunt who walks 3 miles a day. Well, it is three different walks of a mile but it counts. She does all the planning for the OATS bus in her community and manages to keep the residents in her senior housing from fighting all the time. As near as I can tell, she seizes everyday.

By now some of you are wondering where I am going with this train of thought. Well, there is good news and bad news.

I have decided to "seize the day". I have been given the opportunity to take a position with the Department on Aging which will challenge me in ways that I have not had before. I have accepted the position of

Special Assistant to the Secretary. April 17th will be my first day in that new position and my last as Acting State Ombudsman.

The sad news is that I must leave all of you. I will still be around at the conference and available to the new state ombudsman during this transition. This is one of the hardest decisions I have made in my life. It has become obvious to me the last few months that I might want to move to something different but the wonderful work that Ombudsman do is something I could not easily let go.

Some may say that I'm crazy. But meaningful work is never wasted. I have told most of you how I was directed to this program by fate (or my grandmother). And now fate is moving me on. It is time to find the next challenge. I have been a daughter, student, wife, mother, sister, best friend, city planner, subcontractor, volunteer, grandmother, ombudsman. Anything you've loved and worked at becomes a part of who you are. Being an Ombudsman is a part of me forever. Now I need to reinvent myself and "seize the day".

Thank you for all your good work.

Deb

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Planning is well underway for the 2006 Volunteer Ombudsman Conference. Please take a moment to send in your registration. The registration deadline is May 4, 2006.



*"To the World You
Might be One
Person; But to One
Person You Might
Be the World"*

Spring has sprung and volunteer training has begun in SE Kansas. Each volunteer has a different background and a lot to offer the Ombudsman Program. I would like to say thank you to all of our volunteers, old and new. Ombudsman Volunteers play a vital role in the success of our program.

I recently attended a seminar on Alzheimer's given by Jill Peltzer RN, MS, ARNP from KU Medical Center. Jill brought a lot of insight to Alzheimer's disease and offered some alternatives in the type of care given. I thought it might be helpful to share this information with you.

Alzheimer's disease is a progressive degenerative neurological disorder involving memory loss, personality changes, global cognitive dysfunction, and functional impairments. It is prevalent in 4 million Americans affecting approximately 15% over age 65 and at least 35% over 85. Approximately 50% of nursing home residents have some form of dementia. Alzheimer's is the 4th leading cause of death among adults and has an estimated cost of 100 billion dollars a year.

Stages of Alzheimer's disease range from very mild to very severe as the disease progresses. It usually begins with a functional decline in memory, functional decrements in ability to perform complex tasks and an inability to concentrate. In the early stages, residents may have difficulty in performing ADLs independently, but may be able to recall names of immediate family members. As the disease progresses the resident may experience incontinence, be unable to perform any ADLs, and even be agitated. A very severe stage would involve progressive loss of speech and consciousness.

Risk factors involve age, family history, vulnerability genes, female gender, head trauma, depression, and hyperlipidemia. Protective factors involve alcohol consumption, continuing education, diet, estrogen replacement, lifestyle, antioxidant vitamins, antihypertensive therapy, NSAID therapy, and statins.

Residents with Alzheimer's disease

benefit from familiarity. They need a small living environment that is uncluttered and free from noise. Physical safety is a must. Other resident benefits include: frequent assessment and recording extent of physical limitations and need for adaptive devices; use of memory cues like a calendar and clock to minimize confusion and disorientation; color code doorways or place a picture of the resident's family on their door; encourage active participation to maintain cognitive functional and social interaction abilities longer; organize activities into short, achievable steps so resident experiences sense of accomplishment; give options if possible, adjust the level of assistance as impairment increases.

Management of psychosis and agitation can be difficult. Studies suggest elderly tolerate atypical anti-psychotics such as olanzapine and risperidone. Side effects can involve sedation and dizziness. Residents suffering from AD may already be on an anti-depressant such as Paxil or Zoloft due to depressive episodes in the early stages of the disease. Compounding three or more of these drugs can cause the resident to become agitated and combative. Often the nursing staff will call the physician to order a stronger medication to control the resident's behaviors. All too often Haldol is ordered causing over sedation. Caution should be observed in this type of situation and an investigation into the behaviors should be performed. Staff should check for underlying medical problems. The resident could be experiencing pain or discomfort, an adverse effect of medication, or a possible infection, such as a UTI could be causing the agitation.

Nonpharmacologic treatments can be added to provide a more holistic approach in the care of the resident with AD. These treatments do not need a doctor's order and can be implemented by the family. This is not only good for the resident but is therapeutic for the family as well, allowing the family to feel in control in what seems to be an uncontrollable situation.

TOUCH: Study of touch by health care providers found that clients between 66-

100 received the least amount of touch. Experimental studies examining anger and hostility among nursing home residents found less mobile residents responded more positively and were less angry than the more mobile residents. Touch helped them feel more connected to others.

THERAPEUTIC TOUCH: Defined as use of hands near the body with the attention to help or heal. A process of assessing, centering, mobilizing the energy field, directing energy for healing, and balancing the energy field. Therapeutic Touch can be learned in a two day course.

MUSIC THERAPY: Music therapy is a behavioral science that uses specific kinds of music to address: physical, emotional, cognitive and social needs of individuals. Music therapy can alleviate stress, enhance mood, express feelings, improve communication, and promote physical rehabilitation. Music can remove inner restlessness and quiet the mind.

AROMATHERAPY: Aromatherapy is the use of essential oils and lotions for therapeutic or medical purposes and is the fastest growing of all complimentary therapies. A recent study in Australia in a multicultural day care center found the effects of lavender, mandarin and geranium diluted in a hand massage made the residents more alert and less agitated. Other studies using lavender, Melissa, and Sweet Marjoram, have been beneficial in controlling behaviors. Rosemary has also been known to increase memory when used in the diet.

Many publications have been written to assist caregivers. Here is a list I hope will be helpful.

- Alzheimer's Disease: Unraveling The Mystery
- The 36-hour Day
- The Handholder's Handbook
- Clouds on a Clear Day

Alzheimer's disease is a thief stealing the minds of our most vulnerable citizens. With advanced research hopefully we will see an end to a tragedy in our society. ♦♦♦



Betty is a 70 year old female widowed a year ago with four children and 6 grandchildren. She is a former school teacher and enjoys cooking, volunteering in the community, and spending time with her family. Betty's mother died at age 85 from complications of Alzheimer's disease. Her father died at age 60 with heart disease.

Betty has high blood pressure controlled with daily medication. She also had a hysterectomy several years ago and is on hormone replacement therapy.

Betty's husband, Bill died unexpectedly about a year ago. Since Bill's death Betty has become more isolated, lost weight and isn't sleeping well at night. She has started to become forgetful, lost her keys, has misplaced objects and hasn't wanted to go out with the family as much as she used to.

Betty's family took her to her doctor who diagnosed her with depression and prescribed an antidepressant. Despite

the medication management, Betty continues to forget to pay bills, no longer volunteers and has become more isolated declining invitations from friends and family. She even got lost when trying to go to the grocery store across town and ended up in another town nearby.

Betty's family doctor referred her to a neurologist who performed a battery of tests and diagnosed her with Alzheimer's disease. The neurologist started Betty on a new Alzheimer's drug and continued the depression medication.

Betty's family has admitted her into Shady Pines Nursing Center. The disease progressed quickly and Betty has become agitated and combative. The nursing staff called Betty's doctor who prescribed a strong medication for agitation. Betty's family visits often and have been noticing she is sleeping every time they come, and after questioning staff they discover Betty has been missing meals due to oversleeping. The family is very worried about Betty and stops the Ombudsman Volunteer in the hall to ask for assistance.

Referring back to the article on Alzheimer's disease, what are some of the things the Ombudsman Volunteer can do to help Betty and her family?

The Ombudsman Volunteer can schedule a care plan meeting with the facility staff and the family to discuss the medications Betty is taking and ask for a medication review from her doctor. They need to ask the D.O.N if there might be a possible underlying medical problem causing Betty's agitation.

The ombudsman volunteer can discuss alternatives to increased drug therapy involving the family in her care. The ombudsman can suggest the family connect with the local Alzheimer's Association which will provide resources, educational materials for the family to read and support as they become more familiar with the disease. By assisting the family and the staff the Ombudsman Volunteer begins to build lasting relationships with the facility and family and ensures Betty has a better quality of life. ♦♦♦



Once upon a time there was a bunch of tiny frogs...who arranged a running competition. The goal was to reach the top of a very high tower. A big crowd had gathered around the tower to see the race and cheer on the contestants...

The race began... Honestly: No one in the crowd really believed that the tiny frogs would reach the top of the tower. You heard statements such as: "Oh, WAY too difficult!" "They will NEVER make it to the top." or "Not a chance that they will succeed. The tower is too high!"

The tiny frogs began collapsing. One by one... Except for those, who in a fresh

tempo, were climbing higher and higher... The crowd continued to yell, "It is too difficult!!! No one will make it!"

More tiny frogs got tired and gave up... But ONE continued higher and higher and higher.. This one wouldn't give up!

At the end everyone else had given up climbing the tower. Except for the one tiny frog who, after a big effort, was the only one who reached the top! THEN all of the other tiny frogs naturally wanted to know how this one frog managed to do it?

A contestant asked the tiny frog how he had found the strength to succeed and reach the goal? It turned out...

That the winner was DEAF!!!



The wisdom of this story is:

Never listen to other people's tendencies to be negative or pessimistic...because they take your most wonderful dreams and wishes away from you...the ones you have in your heart! Always think of the power words have. Because everything you hear and read will affect your actions!

Therefore: ALWAYS be...POSITIVE! And above all: Be DEAF when people tell YOU that you cannot fulfill your dreams!



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RETURN SERVICE REQUESTED

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OMBUDSMAN:
Reaching out for Quality Care

Phone: 1-877-662-8362
Fax: 785-296-3916
Email: ltco@da.state.ks.us

We're on the Web at:
[Http://da.state.ks.us/care](http://da.state.ks.us/care)

This Month's Events!

Wichita Volunteer Meeting

Monday, April 10th, 2006
6:00pm, Downtown Senior Center

Hutchinson Volunteer Meeting

Tuesday, April 11th, 2006
1:00pm, S Hutch Christian Church

Kansas City Volunteer Meeting

Wednesday, April 12th, 2006
9:30am, Sunflower Room, SRS Bldg
Overland Park

Newton Volunteer Meeting

Thursday, April 13th, 2006
1:00pm, Missionary Church

Topeka, Manhattan, Abilene Volunteers

Saturday, April 15th, 2006
10:00am, Field trip to Manhattan

Salina Volunteer Meeting

Tuesday, April 20th, 2006
4:00 pm, Salina Senior Center

Liberal, Dodge City, Garden City Volunteers

Thursday, April 20th, 2006
Garden City Senior Center

Great Bend Volunteer Meeting

Thursday, April 27th, 2006
4:00pm, LaRae's

Appointments set with Regional

Seneca/Sabetha Volunteer

Winfield Volunteer

Do you yahoo????
Make sure we have your
e-mail address so we can
communicate electronically.
Thanks! See you in cyber
space.

Our address is:
ltco@da.state.ks.us

